

T. Henry

HEALTH
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CH. 23



BOROUGH OF WILTON

*Annual Report of the
Medical Officer of Health
for the Year 1957*



ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Wilton

I have the honour to present the Annual Report of the Medical Officer of Health, incorporating the report of the Public Health Inspector, for the year 1957.

I wish to record my appreciation of the kindly assistance and co-operation of the staff of the Municipal Offices and of other colleagues.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

July, 1958.

Medical Officer of Health.

INTRODUCTORY SUMMARY

Attention is drawn to the following sections of the Report.

A. In the Vital Statistics Section.

- (1) The moderate rise in the death rate from 10·3 last year to 14·0 (adjusted) in the Borough.
- (2) The “nil” Infant Mortality Rate (deaths per 1,000 live births) for the second year in succession in contrast to the “normal” Infant Mortality Rate in 1955 (24·4), and the very high I.M.R. in 1954 (83·3), thus illustrating the big element of chance which applies to such rates when the numbers concerned (e.g. the number of live births) are small, and each death makes a very big increase in the Infant Mortality Rate per 1,000 live births.
- (3) The “nil” Maternal Mortality Rate, as was the case last year.
- (4) The “nill” Tuberculosis Mortality Rate, again as last year.

B. In the Communicable Disease Section.

- (1) The pleasing paucity of the Borough concerning notified communicable disease, only 13 cases being notified during the year.
- (2) The need for more, and earlier, diphtheria, whooping cough and smallpox immunisation of children, and the commencement of Poliomyelitis immunisation during the year.

C. Environmental Public Health and Food Hygiene.

- (1) The satisfactory quality of the Borough's water supply, except for the low fluoride content.
- (2) The operation of a new borehole near the top of Bishopstone Hill to augment the existing supply.
- (3) The improved but still precarious condition of some of the Borough's old sewers, in which leaks have been discovered in the past, and are liable to recur, allowing subsoil water to penetrate the sewers.
- (3) The great need for more housing accommodation, as is also the case in the surrounding Rural District. The completion by the Council of the building of blocks of flats of attractive design in 1956 is commended, as probably the best way to provide more accommodation while conserving fertile land capable of food production, but taller buildings, to make the provision of elevators economical, are needed for the future.
- (4) The need for more publicity and “Health Education” concerning the public health demerits of heavy smoking, both because of the financial effect of the habit and the greater risk of stimulating the growth of lung cancer.



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STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health F. John G. Lishman, M.D. (Hygiene), B.S. (London).
D.P.H.(London).L.R.C.P., M.R.C.S., D.L.O.(England),
L.M.C.C. (Canada).

Public Health Inspector ... J. W. Armstrong, M.R.S.I., M.S.I.A.
(also Borough Surveyor).

Clerks (Wilton Office) ... Miss P. Noble, Mrs. L. Delaney.
(Salisbury Office, M.O.H.) Miss D. Cooper (resigned Nov.) Miss G. Parsons
(as from November).

The Medical Officer of Health also holds the appointments of Medical Officer of Health for Salisbury and Wilton Rural District and Mere and Tisbury Rural District. Under joint arrangements he also acts as Assistant County Medical Officer of Health for the Wiltshire County Council. (A little under one eleventh of the salary for the joint appointment is allocated to the Borough of Wilton).

GENERAL STATISTICS

Area of Borough, in acres : 2,681.

Population—1951 Census : 3,054.

Population—Registrar General's Estimate for mid 1956 : 3,250.

Density of Population—people per acre : 1.25.

Number of inhabited houses or flats : 881.

Number of Council houses or flats at the end of the year : 250.

Number of applications for Council Houses still outstanding at end of year : 155.

Rateable Value (1-4-56) : £37,314.

Product of a Penny Rate : £150.

Principal Industries : Carpet Weaving, Felt Manufacture, Agricultural and other Engineering, Military Activities.

GENERAL ADMINISTRATION DURING THE YEAR.

For the last two years it has been becoming increasingly evident that the apportionment of a little under one-eleventh of the time of the Medical Officer of Health to this District, and only six-elevenths for the combination of districts, is insufficient to undertake the work adequately, within the terms of the Ministry of Health "Memorandum on the Duties of Medical Officers of Health in England and Wales," and to my own satisfaction. The apportionment to working as Medical Officer of Health is less than in the two neighbouring combined Medical Officer of Health areas in Wiltshire, one of which has a smaller population.

In July representation was made to the Joint Medical Officer of Health Committee to this effect, with a request that the Joint Committee recommend to the constituent Authorities an increase of one eleventh in the allocation to work as Medical Officer of Health, with a corresponding reduction of one eleventh in the allocation of work to the post of Assistant County Medical Officer. It was not until January, 1958, that this representation was considered at a meeting of the Joint Committee, and it was rejected.

VITAL STATISTICS

TABLE I. BIRTHS AND BIRTHRATE

						Male	Female	Total
Live Births	Legitimate	..	..	..	..	17	18	35
	Illegitimate	..	..	..	..	0	0	0
	Total	..	..	..	..	17	18	35
Still Births	Legitimate	..	..	..	..	1	0	1
	Illegitimate	..	..	..	..	0	0	0
	Total	..	..	..	..	1	0	1
<hr/>								
Crude Live Birth Rate per 1,000 population						..	..	12.0
Registrar General's "Comparability Factor" for births (to compensate for age and sex distribution of the local population, so that the rate may be compared with national and similarly adjusted local rates)								
Birth Rate as "Adjusted" by comparability Factor						..	..	11.4
Comment : The adjusted Birth Rate shows a slight fall from 12.8, that of 1956, which was identical with that for 1966, which fell from the figure of 14.9 in 1954.								
The National Birth Rate for England and Wales was						..	..	16.1
The previous year's Wiltshire County Birth Rate was						..	..	17.4
It is interesting to record that there were no illegitimate births and only one legitimate still birth.								

TABLE II. DEATHS AND DEATH RATES

						Male	Female	Total
Number of Deaths						27	16	43
Crude Death Rate, per 1,000 population						..	..	13.2
Registrar General's Comparability Factor for deaths						..	..	1.06
(This indicates that the age distribution of the population is very slightly younger than that for England and Wales. This is a change from last year, when the age distribution of the Borough was just on the "elderly" side of the average, as is indicated by the then C.F. of 0.98).								
Death Rate as adjusted by Comparability Factor						..	..	14.0
Death Rate for England and Wales, for comparison						..	..	11.5
Previous year's Death Rate for Wiltshire County						..	..	9.8
Comment : The "adjusted" death rate for the Borough now shows an increase, largely due to increase in cancer mortality.								

Natural Increase

Increase of live births over deaths during the year						..	..	8
Rate of Natural Increase per 1,000 population						..	..	25.2
Perhaps this unusual statistic should be greeted with a degree of satisfaction, in view of the the continued shortage of housing accommodation in the Borough, and in the neighbouring country.								

TABLE III. INFANT MORTALITY

A. Infant Deaths.

				Male	Female	Total
1. Under one year old—Legitimate	..	..	..	0	0	0
Illegitimate	..	..	..	0	0	0
				<hr/>		
		Total	..	0	0	0
				<hr/>		
2. Under four weeks old—Legitimate	..	..	..	0	0	0
Illegitimate	..	..	..	0	0	0
				<hr/>		
		Total	..	0	0	0
				<hr/>		

B. Infant Mortality Rates (per 1,000 live births)

General Infant Mortality Rate (under one year old)	..	..	..	0.0
Neonatal ,, ,, ,, (under four weeks old)	..	..	..	0.0
General Infant Mortality Rate, England and Wales, for comparison			..	23.1

Previous year, for comparison

General Infant Mortality Rate, Wilton	..	..	..	0.0 (24.4 for 1955)
General Infant Mortality Rate, England and Wales	..	..	..	23.8
General Infant Mortality Rate, Wiltshire	..	..	..	18.5

Comment on Table III.

In 1953 the Borough had an Infant Mortality Rate of Nil, in 1954 it was 83.3 per 1,000 live births. In 1955 it was 24.4, last year and again this year it is Nil. As pointed out in previous reports, with such a small population and small number of births, each infant death that occurs causes a disproportionately large increase in the annual Infant Mortality Rate, when computed on the basis of 1,000 live births, so big annual fluctuations must be expected in a Borough of this size.

TABLE IV. CERTAIN OTHER "SPECIFIC" DEATH RATES OF INVERSE "HEALTH INDEX" INTEREST (Rates per 1,000 population, except for Maternal Mortality Rate)

(1) Deaths due to tuberculosis (all forms) (both sexes)	..	..	..	0
Tuberculosis Death Rate	..	..	..	0
Previous year, England and Wales for comparison	..	..	..	0.11
(2) Maternal Deaths (Due to Pregnancy, Childbirth or Abortion)	..	..	..	0
Maternal Mortality Rate—per 1,000 live and still births	..	..	..	0
Previous year, Wiltshire County for comparison	..	..	..	0.3
(3) Deaths from Cancer and related malignant diseases	..	..	..	13
Cancer Death Rate	..	..	..	4.0
(4) Deaths from Heart Disease and other diseases of the circulatory system	..	..	..	18
Specific death rate from circulatory system diseases	..	..	..	6.3
(5) Deaths from Suicide	..	..	..	0.2
Death Rate	..	..	..	0.6
(6) Deaths from Motor Vehicle Accidents	..	..	..	0
Death Rate	..	..	..	0

COMMENT ON TABLE IV.

These index rates must be regarded as satisfactory, despite the small population figures from which they are calculated. The rate for "heart disease and other diseases of the circulatory system" still constitutes nearly half the total death rate of the Borough, and the Cancer rate has risen from one-fifth to nearly one-third. It is pleasing to note the "nil" rates from Tuberculosis and motor vehicle accidents. Incidentally, there is a very active "Road Safety Committee" operating in Wilton, with representatives on it from the Borough Council.

ANALYSIS OF DEATH BY CAUSE

The Registrar General provides for each district each year an analysis of deaths, according to cause, broken down into thirty-six disease headings. These headings lend themselves to "grouping" the causes of death together into "families" or "types" of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned. Advantage has therefore been taken of this opportunity to break down the Registrar General's annual table for this Borough into seven such groups, labelled "A" to "G", as set out on Table V.

TABLE V. ANALYSIS OF CAUSES OF DEATH

Group A—Certain Communicable Diseases					Male	Female	Total	Rate per 1,000
1.	Tuberculosis—Respiratory	..	..	..	0	0	0	0
2.	Tuberculosis—Other	..	..	..	0	0	0	0
3.	Syphilitic Disease	..	..	..	0	0	0	0
4.	Diphtheria	..	..	..	0	0	0	0
5.	Whooping Cough	..	..	..	0	0	0	0
6.	Meningococcal Infections	..	..	..	0	0	0	0
7.	Poliomyelitis	..	..	..	0	0	0	0
8.	Measles	..	..	..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (Except Influenza and Pneumonia)	..	..	..	0	0	0	0
Total Group A					0	0	0	0
Group B—Cancer and related malignant diseases								
10.	Malignant Neoplasm—Stomach	..	..	..	2	0	2	
11.	—Lung or Bronchus	..	..	..	2	0	2	
12.	—Breast	..	..	..	0	2	2	
13.	—Uterus	..	..	..	0	0	0	
14.	Other Malignant or Lymphatic Neoplasm	..	..	..	3	4	7	
15.	Leukaemia or Aluekaemia	..	..	..	0	0	0	
Total Group B					7	6	13	4.0
Group C—16 Diabetes					1	0	1	0.32

Group D—Heart and other Diseases of Circulatory System					Male	Female	Total	Rate per 1,000
17. Vascular Lesions of Nervous System	..	..	..	..	4	1	5	
18. Coronary Disease or Angina	..	..	..	..	4	3	7	
19. Hypertension with Heart Disease	..	..	..	..	0	0	0	
20. Other Heart Diseases	..	..	..	..	0	3	3	
21. Other Circulatory Diseases	..	..	..	..	3	0	3	
Total Group D					11	7	18	5.5
Group E—Respiratory Diseases (other than tuberculosis)					Male	Female	Total	Rate per 1,000
22. Influenza	..	..	..	..	0	0	0	
23. Pneumonia	..	..	..	..	0	1	1	
24. Bronchitis	..	..	..	..	2	0	2	
25. Other Diseases of Respiratory System	..	..	..	..	0	0	0	
Total Group E					2	1	3	0.95
Group F—(Miscellaneous)								
26. Ulcer of Stomach and Duodenum	..	..	..	..	0	0	0	
27. Gastritis, Enteritis and Diarrhoea	..	..	..	..	0	0	0	
28. Nephritis and Nephrosis	..	..	..	..	0	0	0	
29. Hyperplasia of prostate	..	..	..	..	0	0	0	
30. Pregnancy, Childbirth, Abortion	..	..	..	..	0	0	0	
31. Congenital Malformation	..	..	..	..	1	0	3	
32. Other Defined and Ill-Defined Diseases	..	..	..	..	1	2	1	
Total Group F					2	2	4	1.3
Group G—Accidents and Violence								
33. Motor Vehicle Accidents	..	..	..	..	0	0	0	0.0
34. All other Accidents	..	..	..	..	2	0	2	0.6
35. Suicide	..	..	..	..	2	0	2	0.6
36. Homicide and operations of War	..	..	..	..	0	0	0	
Total Group G					4	0	4	1.2
37. All Causes	..	..	..	..	27	16	43	13.2

Comment : As usual, diseases of the Heart and Circulatory System are the chief causes of death in the Borough, as in most other places.. This year they amount to more than half the total. Actually this is just as well, as death from these conditions is likely to be less protracted and painful than from many other diseases, especially cancer, which accounts for nearly a third of the total. Considering the dangerous nature of the cross roads on the south side of the Market Square, the single, male, death from motor vehicle accident is not as bad as one might expect.

COMMUNICABLE DISEASES.

A. Prevention of Communicable Diseases.

The measure of the extent to which people are immunised against communicable diseases in a district is becoming one of the “pointers” towards health of the community. “Artificial” immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established and, so far, most proven successful and lasting, artifical immunisations are those against smallpox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the “Family Doctors” under the National Health Service, for the County Council, Diphtheria and Whooping Cough immunisation either by the “Family Doctors” or by the County Council’s Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at schools. Partial protection against Tuberculosis is now available for Tuberculin negative 13-year-old school children through the County Council Medical Officer, and to selected other cases (usually contacts of cases of Tuberculosis) from N.H.S. Chest Physicians. In this area all the immunisations are carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted. Poliomyelitis immunisation began on a small scale in the spring but statistics for this are not yet available for this Report. It is expected that the County Council will enormously increase Poliomyelitis immunisations if more supplies of “Vaccine” become available in 1958.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following figures concerning artificial immunisation work carried out during the year, against diphtheria, smallpox and whooping cough in Wilton.

TABLE VI. IMMUNISATION STATISTICS
A.—Diphtheria and/or Whooping Cough.

Age Group		Under 1	1	2	3	4	5-9	10-14	Total under 15
Primary imms. completed during 1957	Diphtheria	52	5		4		5		66
	Wh/cough	41	5		4		4		54
Reinf. inj.s. administered during 1957	Diphtheria		1		2		13		16
	Wh/cough		1		2		3		6
Total immunised child popu- lation 31st December, 1957	Pre 1.1.53						52	129	181
	Post 1.1.53	13	18	40	36	24	148	55	334

B.—Smallpox

Age Group	Under 1	1	2-4	5-14	15 or over
“Vaccinations” (Immunisations)	41	0	4	1	6
Re-vaccinations (boost Immunisations)	0	0	0	3	12

COMMENT :

In this country in a population of average age distribution and average birth and death rates about 1/5th of the population will be under 15 (aged—0—14) years old. Wilton's birth rate is about average; the death rate is below the national death rate, but it is reasonable to assume that there are about 600 children under 15 in the Borough, so the figure of 515 children under 15 who at some period of their lives have been immunised against Diphtheria is much better than the 351 last year. It should be nearer the 100%. Many more of the children are now being immunised early enough however. 52 children had these injections completed before they were one year old, but only 9 children aged 1 to 5 had primary protection, during the year. The advent and increasing popularity of whooping cough immunisation combined with diphtheria and sometimes tetanus immunisations is resulting in earlier protection against diphtheria, since to be of maximum value in very early life, when whooping cough is most dangerous, the immunisation should be begun when the child is about two to three months old.

Table VI also shows a rather improved position for smallpox immunisations (so called "Vaccinations") for 41 children under one year were "vaccinated", but the total immunisations and re-immunisations added together for all other ages, only amounted to another 26. This is little better than last year. In these times, when the speed of air travel allows people infected with smallpox abroad to keep well on the journey but develop the disease after arrival in this country, instead of on a ship, the low level of protection against smallpox in this Borough is disturbing. It could be less so if the same requirements in regard to immunisation against smallpox, before making the journey, as apply before entry into most countries, were put into force for entry into Great Britain.

Although a fair amount of immunisation against whooping cough is known to be done by the Family Doctors, outside the scope of the County Council schemes, usually combined with Diphtheria, and sometimes also tetanus, protection, statistics for this work are not at present available for the Borough.

There is a good deal to be said in favour of combined diphtheria, whooping cough and tetanus protection, especially in an agricultural district, but at present tetanus protection is only available through the family doctors.

Tuberculosis. Partial protection is also now available for 13-year-old schoolchildren and child contacts of Tuberculosis by "B.C.G." immunisation against Tuberculosis.

Poliomyelitis Immunisation. Although a fair amount of poliomyelitis immunisation was done on Wilton children during the year, no statistics for this work during 1957 were available by the time this Report was written.

B. Incidence of Communicable Diseases.

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable", under the Public Health Act, 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The incidence of notifiable communicable diseases in the Borough during the year is shown in Table VII.

The layout of this table, in extended form, is designed to co-ordinate with that for the tables for the Salisbury and Wilton Rural District and the Mere and Tisbury Rural District, for which I am also Medical Officer of Health. This facilitates record keeping from year to year, but for Wilton, after the most extraordinary record in 1956 of only one case of notified communicable disease, there were in 1957 still only 13 cases notified during the year—two tuberculosis, five whooping cough, and six measles—still a very fortunate record.

TABLE VII. NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

						(sub)	(main disease)	Group Total
1. Tuberculosis								
(a)	Respiratory ..	..	..	..	..	1		
(b)	Meninges and nervous system ..	..	..	..	..	0		
(c)	Other Forms ..	..	..	..	..	1		
(d)	Group Total..	..	..	..	..		2	2
2. Other Respiratory Notifiable Diseases								
(a)	Whooping Cough ..	..	..	..	..		5	
(b)	Pneumonia, Acute ..	..	..	..	..		0	
(c)	Group Total ..	..	..	..	..			5
3. Diphtheria								
						0	0	0
4. Meningococcal Infection								
						0	0	0
5. Virus Diseases of Nervous System								
(a)	Poliomyelitis—Paralytic ..	..	..	..	..	0		
(b)	Poliomyelitis—Non Paralytic ..	..	..	..	..	0		
(c)	Total ..	..	..	..	..	0	0	
(d)	Encephalitis—Infective ..	..	..	..	..	0		
(e)	—(Post Infectious) ..	..	..	..	..	0		
(f)	Total ..	..	..	..	..		0	
(g)	Group Total..	..	..	..	..			0
6. Other Notifiable Virus Diseases								
(a)	Measles (excluding Rubella) ..	..	..	..	..		6	
(b)	Small Pox ..	..	..	..	..		0	
(c)	Group Total..	..	..	..	..			6
7. Alimentary Infections or Poisons								
(a)	Dysentery—Bacterial ..	..	..	..	..	0		
(b)	—Other ..	..	..	..	..	0		
(c)	Total ..	..	..	..	..		0	
(d)	Typhoid Fever ..	..	..	..	..	0	0	
(e)	Paratyphoid Fever ..	..	..	..	..		0	
(f)	Food Poisoning ..	..	..	..	..		0	
(g)	Group Total..	..	..	..	..			0
8. Streptococcal Group								
(a)	Scarlet Fever ..	..	..	..	..		0	
(b)	Erysipelas ..	..	..	..	..		0	
(c)	Group Total..	..	..	..	..			0
9. Miscellaneous Groups								
(a)	Puerperal Pyrexia ..	..	..	..	..		0	
(b)	Ophthalmia Neonatorum ..	..	..	..	..		0	
(c)	Other Notifiable Diseases ..	..	..	..	..		0	
(d)	Group Total..	..	..	..	..			0
10. All “Notifiable Diseases” Total								
								13

Footnote — It is important to note that certain common communicable diseases such as influenza and mumps are not generally “Notifiable” and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of whooping cough, for example, may occur but not be notified.

TABLE VIIA—FOOD POISONING.

Table VIIa is a copy of the Annual Return to the Ministry of Health of Food Poisoning Cases notified.

(Salmonella Infections that are not considered to be food borne are not included under items 2, 3, or 4, but are shown separately under item 5.)

1. (a) Food Poisoning Notifications (Corrected) as returned to Registrar General	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
	0	0	0	0	0

(b) Cases otherwise ascertained
Full Records for non-notified cases will not be available until 1958.

Symptomless excreters discovered :					
	0	0	0	0	0
(c) Fatal cases	0	0	0	0	0

3. Particulars of outbreaks

	No of outbreaks		No. of cases		Total No. of Cases
	Family outbreaks	Other outbreaks	Notified	Otherwise ascertained	
Agent identified*	0	0	0	0	0
Agent not identified	0	0	0	0	0

4. Single cases

Agent Identified*	No. of cases		Total No. of Cases
	Notified	Otherwise ascertained	
(a) Chemical Poisons (type to be stated)	0	0	0
(b) Salmonella (type to be stated)	0	0	0
(c) Staphylococci (including toxin)	0	0	0
(d) Clostridium Botulinum	0	0	0
(e) Clostridium Welchii	0	0	0
(f) Other Bacteria (to be named)	0	0	0
(g) Agent not identified	0	0	0

5. Salmonella Infections, not food borne

Salmonella (type)	Outbreaks		No. of cases (outbreaks)	Single Cases	Total No. of cases (Outbreaks and single cases)
	Family	Other			
0	0	6	0	0	0

*Classified according to agent as listed in (4).

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other "personal" health services for the Borough are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Welfare Clinics and the School Health Service with its specialised appendages such as Dental Service, Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-care" service, which is largely concerned with tuberculous people, their families and other contacts.

Your Medical Officer of Health spends nearly half his time working for the County Council, principally with the School Health Service, also at the Child Health Clinics (including that at Stoford), at Immunisation Clinics, and examining handicapped children and mental health patients in their homes. The Wilton Child Health Clinics is however conducted by Dr. S. C. H. Lane in his own premises. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and the County Medical Officer of Health for Wiltshire.

HANDICAPPED CHILDREN

The care, and special educational needs, of handicapped children also come under the School Health Service, and your Medical Officer of Health, acting for the Wiltshire County Council, examines and advises on such children, of which mentally handicapped ones are much the most numerous.

SCHOOL PREMISES

The hygiene of School Premises, as of most other buildings, concerns the Local Sanitary Authority, as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer.

During the year further recommendations were made for certain improvements at the Wilton Primary and Secondary Modern Schools. Improvements to the dishwashing arrangements for School Meals at the Primary school have been carried out, fulfilling the requirements of the Food Hygiene Regulations, 1955, but the type and condition of the old outside toilets are still antiquated and insanitary. The school is also very overcrowded.

HANDICAPPED ADULTS AND OLD PEOPLE.

The care of handicapped adults, including the blind and deaf, and of old people, also comes under the County Council Services. But the Local Authority has also powers (under the National Assistance Act, 1948, and the National Assistance Amendment Act, 1951) concerning old people needing care and attention, and either chronically ill or living in insanitary conditions. Removal to an Institution can be enforced under an order of a Court, or of a single Justice. The Medical Officer of Health sees such cases, but, in the Borough, very few came to my attention during the year.

Environmental Public Health, and Food.

As stated in previous reports this is probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, water supply, safe (and preferably, not wasteful) disposal of human body wastes (drainage, sewerage etc.), refuse collection and disposal, control of flies, vermin and other insects, mice, rats and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including especially milk, and such universal and basic foods as bread

and meat. Food hygiene concerns not only the home but also places where food and drink are prepared and/or consumed outside, including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the report of your Public Health Inspector, Mr. J. Armstrong, which is incorporated in this Annual Report. Brief comments on the following matters are however made in this section of the Report.

A. Housing

My general observations made in previous Reports concerning the powerful effect of bad housing, or lack of housing, upon mental and physical health still apply and need not be repeated. The extent of the housing problem cannot be measured only by the size of the local Authority's waiting list of applicants for Council Houses or flats. Not all people living in unsuitable "accommodation" apply for Council Houses. But in December there were 155 applications on the waiting list, 55 less than the 210 a year previously.

In 1955 the Council accepted the principle of making "Improvement Grants" for the improvement of sub-standard houses, under the Housing Act, 1949. During 1957, five further applications for improvement grants were received and all five were approved. This is a valuable method of preventing the loss of saveable property by slum clearance, and saves some expense in the provision of new Council Houses or Apartments.

In my Report of 1956 I wrote emphatically advocating the policy of "building upwards" in tall many-storey blocks of flats, high enough to justify the cost of mechanical elevators. Buildings of the type envisaged are, of course, commonplace in large towns, and in many small towns, in the Commonwealth, and other countries. In this country, with its dense population, they should be a feature of the rural areas also. Such buildings can be beautiful, enhancing the loveliness of the countryside in the same way as the old folly towers did, though those served little useful purpose. If well designed they can be better to look at than a motley collection of small houses, nearly all on the same level, and they reach up to the sun, fresh air, and to a view.

The Borough made a good start in 1956 towards the policy of building upwards by the erection of the Churchill Court Flats, but I would like to suggest a block of fifteen or more stories, fifteen being the minimum to make the provision of elevators economical. With such a block the Council could soon eliminate their waiting list of 155 applicants, and with say six flats on each floor, provide upwards of 90 good apartments in these tall buildings.

With every increase of one or two storeyed housing development there is a corresponding encroachment on Great Britain's relatively small proportion of agricultural land. It is to be hoped that this matter will be regarded in a national, if not an international, light, and I again hope that this Council will set an example by adopting a policy of building upwards.

B. Water Supply

The Borough's water supply, from the prolific well source at Water Ditchampton, has been of consistently good quality, except for low fluoride content, and during the year was only given minimum chlorination. But in 1957, to meet the needs of the Southern expansion and particularly of the new Bulbridge Housing Estate, with its Military, Council and Private Development portions, a new borehole on Bishopstone Hill has been sunk. This water also is low in fluoride content. A new reservoir near the summit of Bishopstone Hill has been constructed, fed by this borehole. The fluoride content of the water, because of its importance as a means of strengthening young growing teeth against the onslaught of dental decay, both in early and later life, is also being studied, and the water is being sampled for fluoride analysis periodically. Unfortunately the fluoride content of both waters is usually only about 0.1 parts per million, about one-tenth of the desirable amount, and the time has now come when I must advise the Council to consider enriching the water by adding some fluoride salt to the waters at their sources before distribution for drinking.

C. Sewage

The condition of some of the Borough's old sewers is still poor. Sub-soil water still enters (though in reduced volume) and greatly swells the volume of sewage, causing dismay at the Salisbury City Sewage Works, which receive and treat the sewage. The Public Health Inspector, Mr. Armstrong, and his assistants, have again spent a great deal of time, sometimes at night working on these leaks. Much work still remains to be done however. The terms under which the sewage is received by Salisbury City for treatment are to be reviewed consequent upon the City's embarking on a large new disposal works scheme which will involve scrapping of the old Bemerton pumping station with its delightful, clanking, old machinery. This pumping station handles sewage from the Parish of Quidhampton, Salisbury and Wilton Rural District. During the year it was thought that it might be desirable for Wilton to consider the alternative of having its own sewage disposal works, either alone or in partnership with the S.&W.R.D.C., for the parish of Quidhampton. Joint discussions began about this before the end of the year, but at the time of writing this report (in June, 1958), it had begun to appear that it would be impractical to establish new works at Quidhampton owing to the unsuitability of the site for adequate drying of the sludge, without nuisance.

D. Food Hygiene.

The coming into operation, during 1955, of the Food and Drugs Act, 1955, and the Food Hygiene Regulations, 1955, placed many new duties and powers on the Council to enforce improved standards of accommodation, equipment, and conduct of food-handling personnel in all food premises and food businesses. The Regulations apply to cafes, restaurants, hotels, public houses (even those serving drinks only), nursing homes, hospitals (none in the Borough) and schools serving meals. They have all ready provided some impetus to more hygienic preparation and serving of food, dish and utensil washing, but need considerable time from the Staff to supervise. Perhaps the most notable improvement during the year was the complete reorganisation of the dish and utensil upwashery at the Wilton Primary School all ready referred to.

E. Recreation.

The new Playing Field Pavilion was completed this year and should be a great health asset to the Borough. As advised in my report for 1955, a swimming pool would be an asset to health and amenity, and it is hoped that it may be possible to provide one, perhaps by using a stretch of the river Wylfe beside the Playing Field. In hot weather pools and hatch holes in the Rivers Wylfe and Nadder near the Borough are extensively used for bathing. Some of these are quite dangerous to non-swimmers. But it would be a pity to suggest a curtailment of this healthy recreation. Far better to have the children taught swimming properly. Swimming practice facilities are very lacking in the district, the Municipal swimming pool in Salisbury being the only place for tuition, so far as I am aware. This is quite inadequate. The only other artificial swimming pool available in the area is about fifteen miles west of the Borough, at the Pyt House Country Club, between Tisbury and East Knoyle.

TOBACCO SMOKING

In the summer, a special report on the public health dangers of excessive tobacco smoking was presented to the Council. The report dealt with the indirect effect on mental and physical health due to the drain upon the family budget of the tremendous cost of tobacco and cigarettes (20 average cigarettes daily costing about £70 a year for each smoker), and with the increasingly realized risk of developing, and dying from, cancer of the lung and breathing passages.

A certain amount of Health Education, in the form of pamphlets and posters, has followed up this report. There was also some press comment. The latter filtered through to a well known London Sunday newspaper that printed a most carelessly inaccurate account of a section of my report, and on the basis of this incorrect factual point developed into a sneering attack upon myself and unfortunately also upon a colleague who is Medical Officer of Health of a neighbouring Local Authority, with whom I had been in consultation when I produced my report. Immediate representations were made to the newspaper concerned, requesting correction of the error that had been made, but without success.

Since my report was made to this Council, the County Medical Officer of Health made a report to the County Health Committee, following which the County Health Committee and the Education Committee have already instituted useful action, which will no doubt be referred to in the Annual Reports of the County Medical Officer of Health and of the Principal School Medical Officer for Wiltshire.

The connection between heavy smoking of tobacco, especially as cigarettes, and lung cancer now requires no further demonstration on a national scale, but as local figures are of rather special interest, I have begun investigations of the smoking habits of all people who have died of lung cancer in my Districts. As expected, most illuminating findings have already been made. It is most extraordinary what tremendous quantities of tobacco, in cigarettes and pipes, some of these men have consumed daily. The "heavy smoking" criterion of one gramme of tobacco (or 20 average size cigarettes) daily, has even been trebled or more. After the cancer was discovered, the victim has often reduced or given up smoking, but too late.

I am indebted to Dr. C. D. L. Lycett, County Medical Officer of Health for Wiltshire, for the following interesting statistics concerning cancer generally, and cancer of the lung, over the five years 1940, 1945, 1950, 1955 and 1956. It will be seen that cancer of the lung has increased, over the county, far more rapidly than "all forms" of cancer, in which incidentally, cancer of the lung is included, not excluded, so that the increase in cancer deaths contributes to and must be largely responsible for, the general increase. An even greater increase, and greater relative increase for *lung* cancer deaths, is shown by the national statistics over the four years 1940, 1945, 1950 and 1955.

TOBACCO SMOKING AND CANCER OF THE LUNG

The following tables show the mortality from cancer of the lung and from all forms of cancer in Wiltshire and in England and Wales from 1940 to 1956.

**DEATHS FROM CANCER OF THE LUNG
AND FROM ALL FORMS OF CANCER**

WILTSHIRE					ENGLAND AND WALES			
Year	Cancer of the lung		All forms of cancer		Cancer of the lung		All forms of cancer	
	Male	Female	Male	Female	Male	Female	Male	Female
1940	23	7	268	283	4,047	1,180	33,135	35,605
1945	39	10	286	309	5,805	1,356	37,318	38,394
1950	58	11	306	312	10,254	1,987	43,570	41,700
1955	96	13	357	340	14,821	2,451	48,160	43,180
1956	101	12	364	329	Not available			

DEATH RATES PER 100,000 POPULATION FROM CANCER OF THE LUNG
AND FROM ALL FORMS OF CANCER

WILTSHIRE			ENGLAND AND WALES	
Year	Cancer of the lung	All forms of cancer	Cancer of the lung	All forms of cancer
1940	8.8	161.5	13.1	172.3
1945	14.8	179.6	18.8	198.4
1950	18.1	161.8	28.0	194.5
1955	27.4	175.3	38.8	205.5
1956	28.1	172.3	Not available	

(Separate rates for males and females are not available because the annual estimates of the population of Wiltshire do not differentiate the sexes.)

F. JOHN G. LISHMAN,
12th June, 1958.

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1957.

HOUSING.

The development of the Bulbridge Estate became very active during the year with 9 bungalows being erected.

The re-development of the Avenue site was about 75% completed by the end of the year. This scheme allowed for the demolition of 14 temporary huts erected in the First World War and they were replaced by Reema bungalows. 16 of the scheduled 24 were occupied by the end of the year.

There were also 4 new Police Houses built in Salisbury Road and 27 Army Married Quarters completed at Bulbridge, the total number of new dwellings being 47, for the year.

HOUSING STATISTICS.

Total number of permanent dwellings in the Borough	..	..	..	905
Total number of permanent dwellings owned by the Borough	..	..	..	250
Total number of temporary dwellings occupied	..	..	..	12
Number of houses unfit for human habitation within the meaning of Section 9 Housing Repairs and Rent Act, 1954, and suitable for action under Section 11 or Section 25 Housing Act, 1936	..	..	..	21

Action during the year.

1. Number of houses in Clearance Areas for which				
(a) Clearance Orders have been made	..	.....	..	None
(b) Compulsory Purchase Order made	..	..	..	None
(c) Purchased by agreement	..	..	..	None
2. Number of houses in Clearance Areas still to be made	..	..	..	None
3. Number of houses in Clearance Areas which have been patched for temporary accommodation under Section 2 Housing Repairs and Rents Act, 1954				None
4. Number of houses demolished under Section 25 Housing Act, 1936	..	..	..	None
5. Number of houses demolished under Section 11 Housing Act, 1936	..	..	..	1
6. Number of temporary dwellings demolished	..	..	..	14
7. Number of houses closed as a result of Closing Orders or undertakings by owners	..	..	..	3
8. Number of unfit houses occupied under licence	..	..	..	None
9. Number of houses overcrowded	..	..	..	1
10. Number of houses made fit during the year :				
(a) Informal Action	..	..	..	11
(b) Statutory Action	..	..	..	None
11. Estimated number of houses required :				
(a) To replace houses scheduled for demolition	..	..	..	21
(b) To abate overcrowding	..	..	..	1
(c) For other purposes	..	..	..	20
12. Number of fresh applications for Council Houses during the year	..	..	..	30
13. Number of Council houses sold during the year	..	..	..	None

Houses Erected during the Year.

(a) By the Borough Council

For Slum Clearance 14

Other Purposes 6 Including 4 Police Houses

(b) By Private Enterprise 10

Houses in course of erection :

For Slum Clearance 5 Private Enterprise 11

„ other Purposes 3

Improvement Grants.

Applications received 5 Approved .. 5 (No. of houses 5)

Number of houses improved as a result of grants :

Number of grants made by L.A. 4 (the fifth grant waiting for payment at the

Cost of grants made £520 No. of houses improved 4 [year

Number of applications in respect of owner-occupiers 2

Average cost per dwelling approved £130

Average rent fixed 22/3

Average amount of grant payable by L.A. 50%

NUISANCES

Number of Statutory Notices served during the year Nil

WATER SUPPLY.

The main water supply, which is obtained from a shallow well, situated at Water Ditchampton, provided adequate water to meet the demands during the year. This supply is treated by the Chloramine process in the rising main at the pumping station.

The main works in connection with the Bulbridge Supply were carried out. They comprised 100,000 gallons storage reservoir with a submersible pump at the Borehole and ancillary works.

Of the 917 houses, 887 have a piped supply from the public mains, 21 have a piped supply from the Wilton Estate, and 5 have a piped supply from two wells. At remaining four properties' water is hand-pumped from two wells, all of which were adequate during the year.

Bacteriological Analysis of water.

Public Supply.

Monthly samples were taken of water, both before and after treatment at Water Ditchampton, also monthly at Bulbridge. In every case the reports were satisfactory.

Private Supplies.

One sample from a well showed slight pollution.

Chemical Analysis of Water (Public Supply).

Samples of water from Bulbridge and Ditchampton proved satisfactory.

SEWERAGE AND SEWAGE DISPOSAL.

All the properties within the built up area of the Borough are connected to the sewage system, which discharges into sewers of Salisbury City which accepts and treats the effluent at its works. A few minor repairs were carried out during the year, tests still show some infiltration during the year during high subsoil water level periods.

REFUSE COLLECTION AND DISPOSAL.

There is a weekly collection of refuse from all houses in the built up area in the Borough, and alternate weeks on the outskirts. This work is undertaken by a private contractor, and very few complaints are received as to the manner in which the work is carried out.

Disposal. All refuse is deposited at the Salisbury City dump.

RODENT AND PEST CONTROL.

Few complaints were received from residents, and the Rodent Operator during his surveys found few infestations.

Briefly the work carried out was as follows :—

		Domestic Premises	Farms	Business Premises
Number of properties surveyed	.. ..	250	8	61
Treatments carried out	.. ..	21	—	3

It was necessary to call the attention of the owners of two farms to minor infestations. The annual sewer test for rats was completely negative.

INSPECTION AND SUPERVISION OF FOOD.

a. MEAT AT SLAUGHTERHOUSES.

One premise was licensed but no slaughtering has taken place.

b. MILK SUPPLY.

No complaints from consumers have been received. The bottles inspected were quite satisfactory. All of the milk sold is pasteurised.

Three retailers serve the area. Following are the various licensees :—

Premises used as a dairy	.. ..	0
Persons registered as distributors of raw milk	.. ..	0
Persons registered as distributors of designated raw milk		0
Persons registered as distributors of pasteurised milk	..	3

c. ICE CREAM.

Number of premises registered for the sale of ice cream .. 13

There are no ice cream factories in the area.

d. FOOD PREPARING PREMISES.

These premises have been visited but very little has been carried out under the Food Hygiene Regulations. In one case the attention of the Cafe Proprietor was called to the necessity of prohibiting smoking by a person preparing food and it was also necessary in another case to call the attention of the owners to the condition of the premises.

Number of Food Premises in Wilton Borough.

General Stores	.. ..	9	Public Houses	.. ..	5
Butchers Shops	.. ..	3	Hotels, Hostels and Guest Houses		3
Cafes	.. ..	6	Fish and Chip Shops	..	2
Greengrocers	.. ..	3	Pharmacies	.. ..	1
Bakehouses	.. ..	2	Schools	.. ..	2

PUBLIC HEALTH AMENDMENT ACT, 1907.

One premise is registered as a dealer in old metals and marine stores.

FACTORIES ACT, 1937 AND 1948

Part 1 of the Act.

A. FACTORIES.

Inspections Premises				
	No. on Register	No. of Inspections	No. of Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4, 6 and 7 are to be enforced by Local Authorities	2	2	—	—
(Factories without mechanical power)				
Factories not included in 1 in which only Section 7 (Sanitary conveniences) is enforced by the Local Authority	19	14	1	—
(Factories with mechanical power)				
Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises) ..	—	—	—	—
Total	21	16	1	—

Cases in which Defects were Found

Particulars.	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness ..	1	1	—	—	—
Overcrowding	—	—	—	—	—
Inadequate Ventilation ..	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) No separate for sexes	—	—	—	—	—
Other offences against the Act	—	—	—	—	—
Total	1	1			

Outworkers

Nature of Work	Section 110 No. of outworkers in August list required by Sect. 110 (1) (c) (3)	No. of cases of default in sending lists of the Council	No. of prosecutions for failure to supply lists
Wearing Apperal			
Making etc.	1	—	—
Cleaning and washing			
Total	1	—	—

J. W. ARMSTRONG,

Public Health Inspector & Borough Surveyor.

